

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09554905

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	0					
8	0					
9	1					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30						
31	0					
32	0					
33						
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49						
50						
TOTAL IND.			1	1		
TOTAL DEP.			1	1	1	
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.			1	1	1	
TOTAL DEP.			1	1	1	
TOTAL CLAIMS						